

# Iowa Department of Human Services

## Offer #401-HHS-011: Mental Health Institutes

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### **This offer includes the following appropriations:**

Cherokee MHI, Clarinda MHI, Independence MHI, Mount Pleasant MHI, General Administration

### **Program Description:**

#### **Who:**

Adults served by the adult psychiatric programs at the State's four mental health institutes average approximately 38 years of age at the time of admission, and approximately 63% are male. In SFY 2010, the average length of stay for individuals in the adult psychiatric programs was 43.3 days, and the median length of stay was 20.0 days. In SFY 2010, 78.8% of adult patients were involuntarily admitted.

Children and adolescents in need of either acute psychiatric inpatient services or psychiatric medical institute for children (PMIC)-levels of care average approximately 14 years of age at the time of admission, and approximately 55% are male. In SFY 2010, children and adolescent psychiatric patients stayed in the program an average of 44.2 days, and youth admitted to the PMIC program stayed an average of 102.2 days. Lengths of stay in the child and adolescent psychiatric programs for those individuals discharged in SFY 2010 ranged from 1 to 261 days. Lengths of stay in the PMIC program for those individuals discharged in SFY 2010 ranged from 1 to 285 days. Approximately 90.7% of children and adolescent patients were involuntarily admitted in SFY 2010.

Adults who require services to treat both psychiatric and substance abuse issues received services at the dual diagnosis program, and averaged 36 years of age at the time of admission, and approximately 58% are male. Lengths of stay in the dual diagnosis program for those individuals discharged in SFY 2010 ranged from 1 to 74 days. In SFY 2010, dual diagnosis patients stayed in the program an average of 29.1 days. Approximately 74.1% of the patients were involuntarily admitted in SFY 2010.

Adults who require residential-level substance abuse services averaged 31 years of age at the time of admission, and approximately 81% are male. In SFY 2010, substance abuse patients stayed in the program an average of 30.6 days. Lengths of stay in the substance abuse program for those individuals discharged in SFY 2010 ranged from 1 to 78 days. Approximately 79.0% of the patients were involuntarily admitted in SFY 2010.

Elderly adults who received inpatient psychiatric services through the geropsychiatric program averaged 67 years of age at the time of admission, and approximately 69% are male. Lengths of stay in the geropsychiatric program for those individuals discharged in SFY 2010 ranged from 30 to 6,200 days. Approximately 71.4% of the patients were involuntarily admitted in SFY 2010.

The MHIs serve both voluntarily and involuntarily admitted persons.

**What:**

The four mental health institutes (MHIs), located in Cherokee, Independence, Clarinda, and Mount Pleasant provide critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment, and specialized mental health related services. The specialized services include substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institution level of care for children, and long-term psychiatric care for the elderly (geropsychiatric).

In SFY 2010, the MHIs provided the following services to the following number of individuals:

**Number of Individuals Served at MHIs in SFY 2010**

<b>Program</b>	<b>#</b>
Adult acute psych	757
Children and Adolescents acute psych	338
PMIC	107
Dual Diagnosis	182
Geropsychiatric	40
Substance Abuse	593
<b>Total Number Served</b>	<b>2,017</b>

The combined average daily census of the MHIs was 231 individuals in SFY 2010. In SFY 2010, Cherokee and Clarinda MHIs reduced their operational bed capacities as a result of reduced staffing due to the number of individuals who participated in the State Employee Retirement Incentive Program (SERIP). In SFY 2011, Cherokee's operational bed capacity for adult psychiatric patients has been reduced to 31 beds, down from 46. Similarly, Clarinda's operational bed capacity for geropsychiatric patients has been reduced to 30 beds, down from 35.

**MHI Operational Beds in SFY 2011**

<b>Program</b>	<b>Cherokee</b>	<b>Clarinda</b>	<b>Independence</b>	<b>Mount Pleasant</b>	<b>Total Beds</b>
Adult Psychiatric	31	20	40	14	<b>105</b>
Adolescent	6		10		<b>16</b>
Child	6		15		<b>21</b>
Geropsychiatric		30			<b>30</b>
Substance Abuse				50	<b>50</b>
Dual Diagnosis				15	<b>15</b>
PMIC			30		<b>30</b>
<b>Total Beds</b>	<b>43</b>	<b>50</b>	<b>95</b>	<b>79</b>	<b>267</b>

Due to budget constraints and the SERIP refill process, the Department temporarily reduced a number of operational beds below funded level in 2010.

A number of individuals receiving services at the MHIs require more supervision and/or assistance than can be provided through normal staffing patterns. Some individuals' mental health issues are so

severe that in order to insure their safety, and the safety of those around them, additional staff dedicated to that patient is required to provide constant supervision. The staffing demand impacts the number of operational beds.

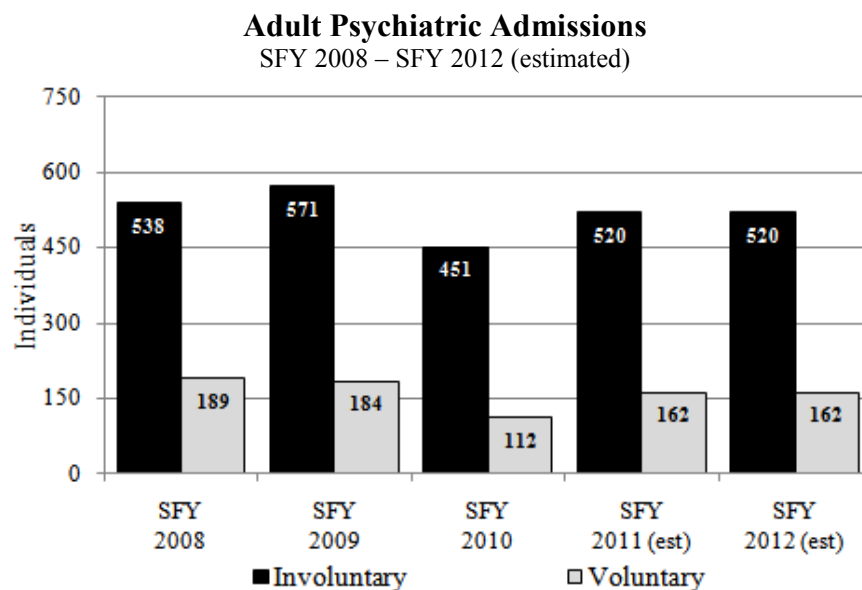
In these instances a staff member, or multiple staff members, are specifically assigned to provide the necessary supervision/assistance to these individuals every shift. These situations are referred-to as one-to-one staffing situations, and they are occurring with increased frequency at the MHIs. In any given year, there are multiple individuals through the MHIs who require one-to-one or greater staffing patterns (two-to-one, etc.) on a 24/7 basis. This results in increased overtime, staff resources being pulled from other areas to provide the required supervision, and a decrease in bed capacity.

### Adult Psychiatric Services

As defined by the Joint Commission (a nationally-recognized hospital accreditation body), acute services include a highly structured environment that provides services to patients who require care that warrants 24-hour treatment or habilitation and who may be incapable of self-preservation in case of an internal emergency.

The inpatient programs are designed to stabilize and treat the most severely mentally ill patients in Iowa, the majority of whom have been committed to the MHIs through the court system. The MHIs have had to periodically maintain waiting lists.

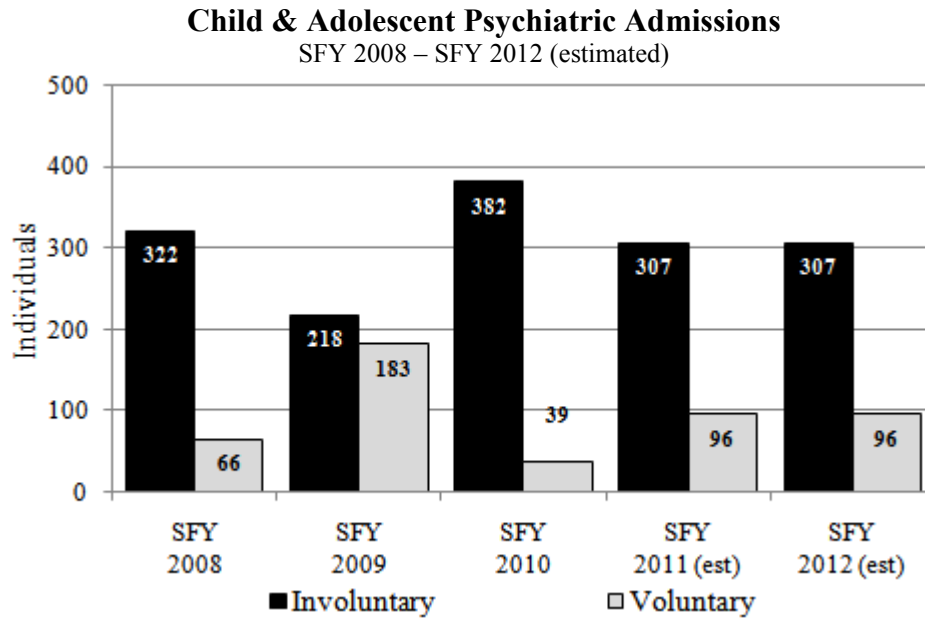
Based on March 2010 data, the MHIs constitute approximately 23.3% of the 804 in-patient funded psychiatric beds in the state.<sup>1</sup>



<sup>1</sup> Source: Iowa Hospital Association, March 2010 staffed private psychiatric beds.

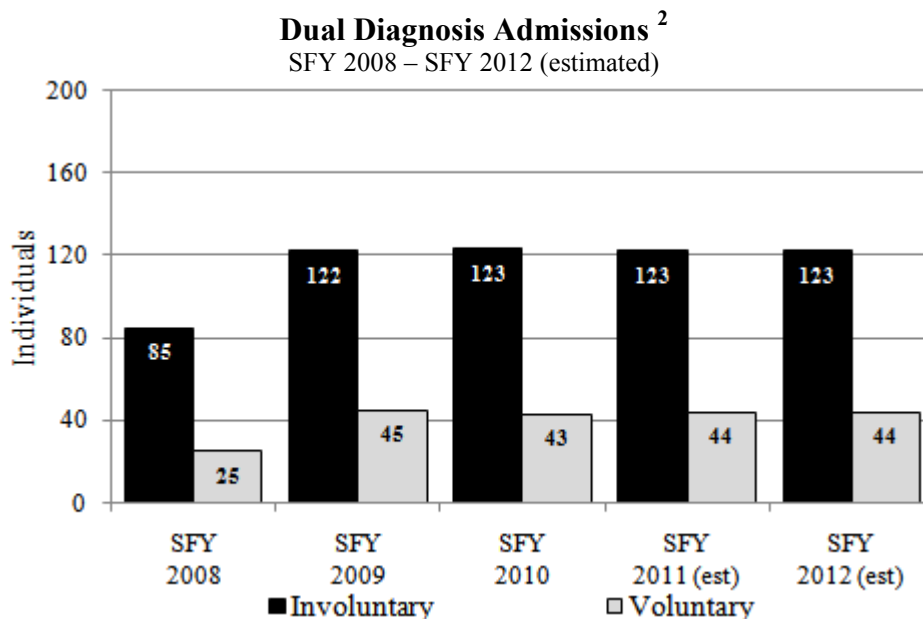
### Inpatient Psychiatric Services for Children and Adolescents

The MHIs currently have capacity to provide child and adolescent psychiatric services through 37 inpatient beds.



### Dual Diagnosis Services

The 15-bed dual diagnosis program is structured to integrate both psychiatric and substance abuse treatment services. This program is located only at the Mount Pleasant MHI.



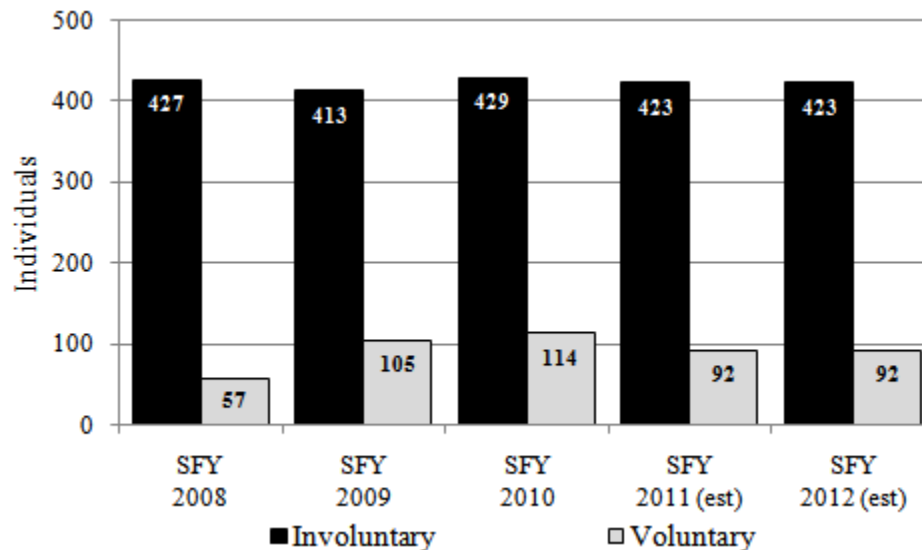
<sup>2</sup> In SFY 2008, the decrease in the Dual Diagnosis admissions occurred during a six-month period when the number of operational beds was temporarily reduced from fifteen to eight. This reduction was necessitated by a required infrastructure update to ensure ongoing regulatory compliance.

### Substance Abuse Services

The Mount Pleasant mental health institute offers residential level of substance abuse services through a 30-day treatment program. These treatment services are a primary resource for court-ordered treatments and for offenders in the Community Based Correctional system.

#### **Substance Abuse Admissions**

SFY 2008 – SFY 2012 (estimated)



### Geropsychiatric Services

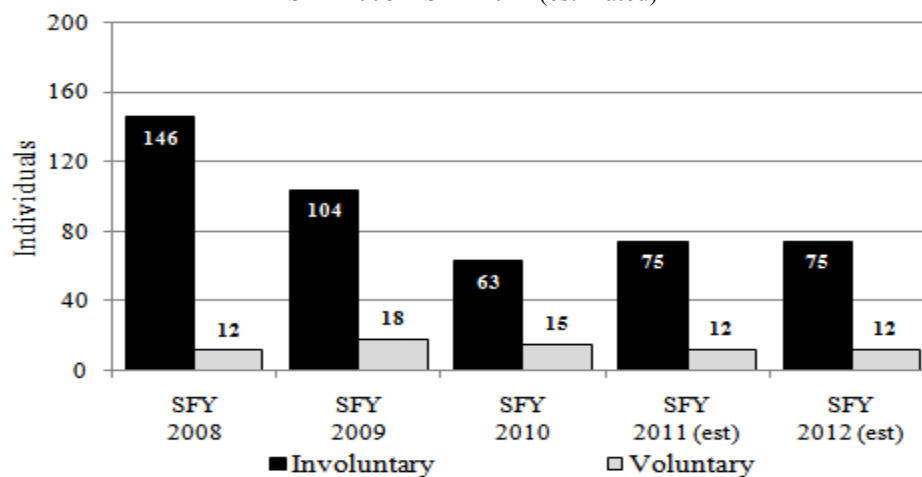
The geropsychiatric program located at the Clarinda mental health institute is the only State program serving this population group. All of the individuals served in this 30-bed unit have a serious cognitive loss or dementia and significant behavior problems. Iowa's nursing homes are unable to meet these individuals' needs and they are not appropriate for acute inpatient care.

### Psychiatric Medical Institute for Children (PMIC) Services

Entry to this sub-acute program is limited to children/adolescents referred by Cherokee and Independence MHIs and by the Iowa Juvenile Home at Toledo. There are 476 comprehensive-based licensed PMIC beds throughout the State. The 30 Independence PMIC beds represent 6.3% of the available PMIC beds in the State.

#### **PMIC Admissions**

SFY 2008 – SFY 2012 (estimated)



**How:****Service Delivery**

The MHIs provide services within 24/7 facilities, and have a total of 622.75 staff (FTEs) in SFY 2011 with salaries of approximately \$44.7 million.

In SFY 2010, 110 employees of the mental health institutes took advantage of the State Employee Retirement Incentive Program.

**Service Support**

Each facility receives technical assistance and guidance from staff in General Administration regarding corporate oversight and program support, financial accountability, infrastructure, legal services, and information technology.

**Results Achieved:**

<b>Result:</b>	<b>SFY 2010 Actual Level</b>	<b>SFY 2011 Projected Level</b>	<b>SFY 2012 Offer Level</b>
% of clients showing improvement in ability to function as evidenced by an increase in the Global Assessment of Functioning (GAF) score	97.5%	98.0%	98.5%
% of adult clients who remain in the community for at least 30 days following MHI discharge	96.4%	96.6%	96.8%
% of substance abuse clients who successfully complete / receive maximum benefits from the program	80.4%	82.4%	84.4%
Total hours of restraint utilized per 1,000 inpatient hours	0.759	0.750	0.740

Sustaining service delivery assumes the level of funding requested in the offer as well as full funding of salary adjustment. If funding is insufficient in either area, results to be achieved will need to be modified to reflect the impact.

To sustain existing services and growth in programs this offer assumes that status quo as well as all one-time funding such as the cash reserve fund, underground storage tank fund and government stabilization and stimulus dollars are fully replaced. If these dollars are not available in SFY 2012, there will be significant program reductions and negative impacts such as elimination of services, disenrollment of clients, implementation of wait lists and the possible closure of facilities. If funding is insufficient, results to be achieved will be modified to reflect the impact. The lack of backfilling these one-time funds will also mean reductions in service delivery.

**Impact of Proposed Budget on Results:****Current Results:**

This offer provides an estimated 2,000 persons access to high-quality inpatient mental health and/or substance abuse treatment services in the State of Iowa. Human Services Reinvestment Funds sustained services and their delivery during SFY 2011. Iowa's four MHIs provide critical access to quality mental health care for low-income children and adults. The MHIs serve both voluntarily and

involuntarily admitted persons; a majority of the patients have been committed through the court system.

Both Cherokee and Independence MHIs are currently accredited by the Joint Commission.

The MHIs provide a variety of behavioral care programs:

- Acute psychiatric care: All four facilities offer this service for voluntarily and involuntarily admitted adult patients. There are 105 adult acute psychiatric beds. The Cherokee and Independence Mental Health Institutes also offer acute psychiatric services to children and adolescents through 37 inpatient beds.
- Acute services for people with a dual diagnosis of substance abuse and mental illness: The Mount Pleasant mental health institute offers this service in a unit with 15 dual diagnosis beds.
- Substance abuse treatment services in a 50-bed unit in the Iowa Residential Treatment Center (IRTC) at the Mount Pleasant mental health institute. This program is a 30-day treatment model and has approximately 7.2% of the total number of residential substance abuse treatment beds in Iowa.
- Geropsychiatric services for elderly people with a serious mental illness in a 30-bed long-term care unit at the Clarinda mental health institute.
- Sub-acute care in a Psychiatric Medical Institution for Children (PMIC) level of care in a 30-bed unit located at the Independence mental health institute.

### **Legal Requirements:**

The mental health institute facilities are required by Chapter 226 of the Code of Iowa to provide one or more of the following services: treatment, training, care, habilitation, and support of people with mental illness or a substance abuse problem. In addition, the MHIs are required by Chapter 812 of the Code of Iowa to provide evaluation and treatment for people who have committed a crime and have been committed to DHS to determine competency to stand trial, if they do not qualify for pre-trial release or are unable to seek evaluation and treatment on their own.